



Tennessee Department of Safety - Highway Patrol



The Tennessee Department of Safety appreciates your interest in the position of Trooper with the Highway Patrol, which offers a rewarding career to qualified individuals seeking employment in public service.

QUALIFICATIONS AND REQUIREMENTS

BEGINNING SALARY:	\$2,723 per month. Salary is set in accordance with Tennessee Code Annotated §§ 4-7-201
AGE:	Minimum of 21 on the date of the written examination.
DRIVER LICENSE:	Must possess a valid Tennessee Driver License upon appointment.
EYESIGHT REQUIREMENTS:	Minimum visual acuity of 20/100 in each eye separately without glasses and each eye corrected to 20/30 or better.
EDUCATION:	High School diploma or GED equivalence.
CRIMINAL HISTORY/BACKGROUND:	No felony convictions or a conviction of any misdemeanor considered to be of moral turpitude.
ADDITIONAL REQUIREMENTS:	Must pass an entrance challenge/agility test, a medical and psychological examination, a polygraph test, as well as a drug test. You must pass a background check, to include a credit report conducted by the Tennessee Bureau of Investigation.
TRAINING:	Applicants will be required to attend a 19-week cadet-training program located at the Tennessee Department of Safety Training Center in Nashville. Applicants are required to stay on campus and allowed leave on weekends or as dictated by the training schedule.
DUTY ASSIGNMENT:	Upon graduation, Cadets will be assigned to a county within the Tennessee Highway Patrol Districts, based upon manpower allocation needs.

Cadet classes are held according to the availability of positions. An applicant who falsifies any records or withholds any pertinent information will be rejected for employment or dismissed if employed.

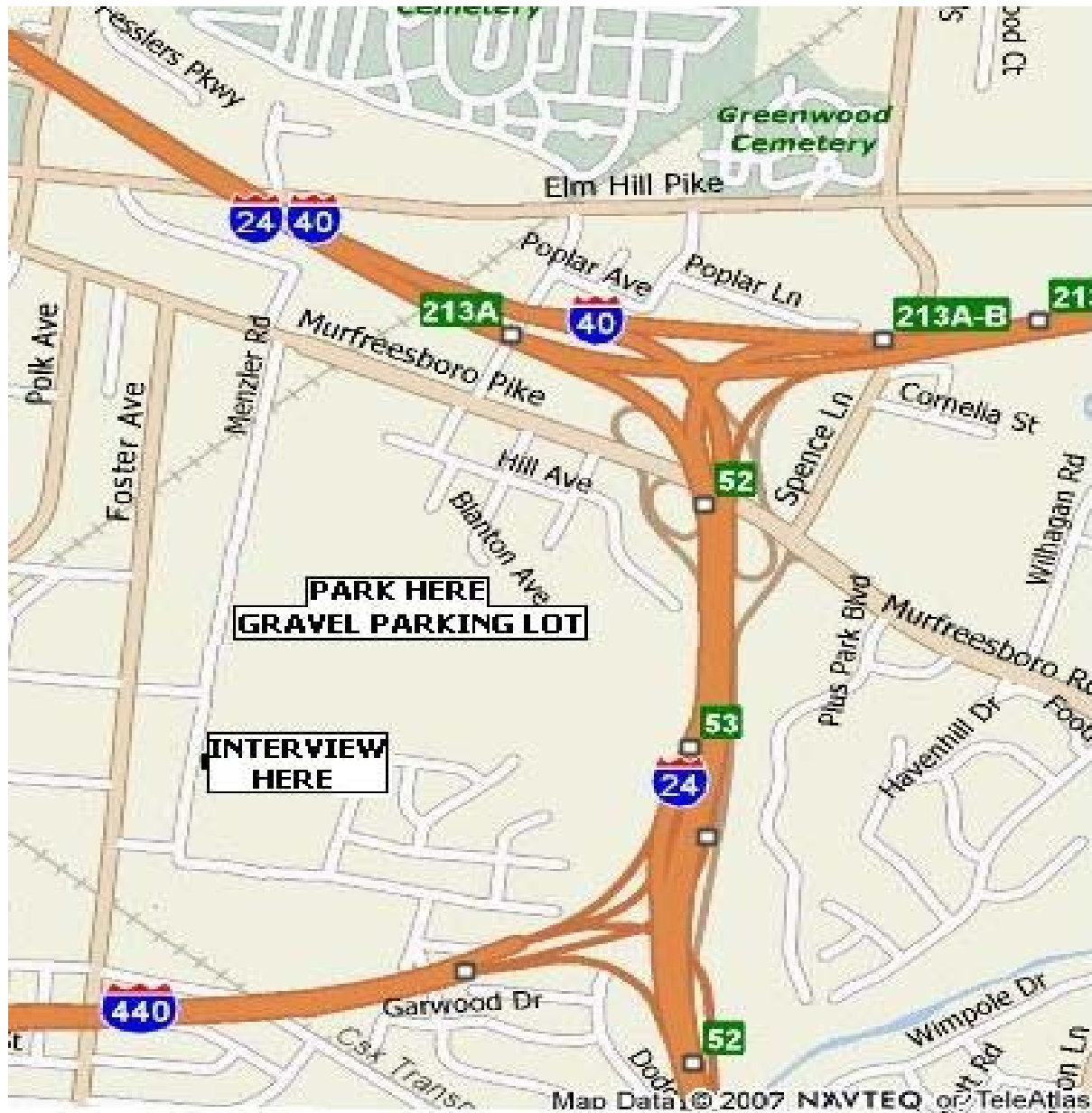
BENEFITS

Group Hospitalization insurance plan for employees and dependants
Life insurance
Dental insurance
Excellent retirement plan
Longevity pay after 3 years of service
Vehicle, equipment, & uniforms furnished
Specialized training for qualified employees
Eleven paid holidays annually
Sick and annual leave accrual
Credit Union
State College Tuition Discount for Employee's Children
One Paid State College Course.

***THE TENNESSEE DEPARTMENT OF SAFETY IS AN EQUAL
OPPORTUNITY AND EQUAL ACCESS EMPLOYER.***

Directions to THP Interview

1162 Menzler Rd. 2nd Floor Nashville, TN 37210



From I-24 East: Take I - 24 Westbound toward Nashville, Take Exit 52 toward Murfreesboro Pike, Turn left onto Murfreesboro Pike, turn left onto Menzler Road.

From I-24 West: Take I - 24 Eastbound toward Nashville, Take Exit 212 toward Fesslers Lane, at the light turn right onto Fessler Lane, Turn left onto Murfreesboro Pike, turn right onto Menzler Road.

From I-65 South: Take I - 65 Northbound toward Nashville, Take the I -24 W Exit on the left toward Nashville/I-40 E/Knoxville, Take the Murfreesboro Pike exit. Turn left onto Murfreesboro Pike, continue to follow Murfreesboro Pike, Turn left onto Menzler Road.

From I-40 East: Take I - 40 Westbound toward Nashville, Take Exit 213 toward Spence Lane, turn left onto Spence Lane, Take Spence Lane to Murfreesboro Pike, turn right onto Murfreesboro Pike, turn left onto Menzler Road.

From I-40 West: Take I - 40 Eastbound toward Nashville, Follow all signs for 40 East, Take Exit 212 towards Fesslers Lane, at the light turn right onto Fesslers Lane, Turn left onto Murfreesboro Pike, turn right onto Menzler Road.

From I-65 North: Take I - 65 Southbound toward Nashville, Merge onto I - 24 E. via Exit 86 on the left toward Chattanooga/Knoxville/I 40 E, Take Exit 212 toward Fesslers Lane, at the light turn right onto Fesslers Lane, Turn left onto Murfreesboro Pike, turn right onto Menzler Road



STATE OF TENNESSEE DEPARTMENT OF SAFETY

IF you are selected, we MAY contact you by one of the ways listed below. Therefore, it is imperative that you provide the following information (printed legibly) to ensure we are able to contact you.

Your **LEGAL** name is:

First Name	MI	Last Name	Suffix:
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Name you are called:

Home Phone
(Include area code)

()

Work Phone
(Include area code)

()

May we contact you at work? ☐ Yes ☐ No

Cell Phone
(Include area code)

()

Other Phone:
(Include area code)

()

Fax:
(Include area code)

()

To the attention of Whom?

Email address:

Applicant Assignment Preference Form

Name (PRINTED): _____

SSN: _____ Legal Residence County: _____

If I am selected as a State Trooper, I am willing to work:

(Note: The Department of Safety can only fill positions where there are vacancies. The more narrow your preference, the least likely we will have an opening in your desired area. You may want to choose the broadest area in which you are willing to work if chosen as a Trooper, but number your top 3 preferred counties.)

1. ☐ Any County / District in the State of Tennessee

Top 3 preferred counties 1) _____ 2) _____ 3) _____

(Stop here if the above box is checked)

2. In any of the following District(s) – **(These are the only areas that you will be considered for hire.)**

☐ District 1 – Knoxville (Monroe, Blount, Loudon, Roane, Sevier, Knox, Anderson, Morgan, Scott, Campbell, Union)

☐ District 2 – Chattanooga (Bledsoe, Coffee, Franklin, Grundy, Marion, Sequatchie, Hamilton, Rhea, Meigs, McMinn, Polk, Bradley)

☐ District 3 – Nashville (Davidson, Stewart, Houston, Humphries, Montgomery, Dickson, Cheatham, Robertson, Williamson, Rutherford, Wilson, Sumner)

☐ District 4 – Memphis (Shelby, Lake, Obion, Dyer, Lauderdale, Crockett, Haywood, Tipton, Fayette, Hardeman)

☐ District 5 – Fall Branch (Johnson, Sullivan, Carter, Unicoi, Washington, Hawkins, Greene, Hancock, Claiborne, Grainger, Jefferson, Hamblen, Cocke)

☐ District 6 – Cookeville (Putnam, Cumberland, Fentress, Pickett, Overton, White, Van Buren, Warren, Cannon, Dekalb, Smith, Macon, Trousdale, Clay, Jackson)

☐ District 7 – Lawrenceburg (Lincoln, Giles, Lawrence, Wayne, Perry, Lewis, Maury, Marshall, Bedford, Hickman, Moore)

☐ District 8 – Jackson (Madison, Henry, Weakley, Carroll, Benton, Henderson, Chester, Decatur, McNairy, Harding, Gibson)

Top 3 preferred counties 1) _____ 2) _____ 3) _____

3. ☐ ONLY in the following Counties: **(These are the only areas that you will be considered for hire)**

Top 3 preferred counties 1) _____ 2) _____ 3) _____

01	Anderson	15	Cocke	29	Grainger	43	Humphreys	57	Madison	71	Putnam	85	Trousdale
02	Bedford	16	Coffee	30	Greene	44	Jackson	58	Marion	72	Rhea	86	Unicoi
03	Benton	17	Crockett	31	Grundy	45	Jefferson	59	Marshall	73	Roane	87	Union
04	Bledsoe	18	Cumberland	32	Hamblen	46	Johnson	60	Maury	74	Robertson	88	Van Buren
05	Blount	19	Davidson	33	Hamilton	47	Knox	61	Meigs	75	Rutherford	89	Warren
06	Bradley	20	Decatur	34	Hancock	48	Lake	62	Monroe	76	Scott	90	Washington
07	Campbell	21	Dekalb	35	Hardeman	49	Lauderdale	63	Montgomery	77	Sequatchie	91	Wayne
08	Cannon	22	Dickson	36	Hardin	50	Lawrence	64	Moore	78	Sevier	92	Weakley
09	Carroll	23	Dyer	37	Hawkins	51	Lewis	65	Morgan	79	Shelby	93	White
10	Carter	24	Fayette	38	Haywood	52	Lincoln	66	Obion	80	Smith	94	Williamson
11	Cheatham	25	Fentress	39	Henderson	53	Loudon	67	Overton	81	Stewart	95	Wilson
12	Chester	26	Franklin	40	Henry	54	McMinn	68	Perry	82	Sullivan		
13	Claiborne	27	Gibson	41	Hickman	55	McNairy	69	Pickett	83	Sumner		
14	Clay	28	Giles	42	Houston	56	Macon	70	Polk	84	Tipton		

Signature of Applicant: _____ Date: _____



STATE OF TENNESSEE

INFORMATION AND INSTRUCTIONS FOR THE TENNESSEE CAREER SERVICE EMPLOYMENT PROCESS

HOW TO OBTAIN JOB INFORMATION

Our State government is the largest employer in Tennessee with over 37,000 Career Service employees working in over 1,400 different job classifications. For the vast majority of these job classifications, you may submit an application at any time regardless of whether or not a vacancy currently exists. You may obtain information about the Career Service job classifications by visiting the Tennessee Department of Personnel's Web site at the address listed below.

WWW.STATE.TN.US/PERSONNEL

Using the **Job Search** feature provided at this web site, you may obtain information on any job classification in Tennessee state government. This includes job descriptions (with minimum qualifications), salary information, testing information, and number of positions/vacancies by county or by department. If you do not have access to the internet, you can obtain information on state job classifications by visiting the Department of Personnel in Nashville or by visiting one of the many Career Centers or local offices of the Department of Labor and Workforce Development located throughout the state.

You should use information from these sources to identify jobs of interest to you. Be sure to fully compare your education and experience qualifications with the requirements indicated for each job of interest. To ensure the timely processing of your employment application, enter the exact State of Tennessee job titles for which you are applying in the space provided on the first page of the application form. If you wish to apply for more than eight job titles, you may attach additional copies of the front page to your application with up to eight titles listed on each copy.

If you have any questions regarding the application process please call (615) 741-4841 or send your questions via e-mail to mike.o'neal@state.tn.us.

HOW TO BEGIN THE APPLICATION PROCESS

The first step in the Career Service employment application process is completion of the State of Tennessee Employment Application form. The form should be completed **using black ink** so that it can be legibly reproduced. Please make sure you provide all required information. **If you omit information, it may be necessary for the Department of Personnel to return your application to you. Unsigned applications will not be accepted.**

Do not submit originals of personal documents, as they will not be returned to you. Legible photocopies of the application and attachments are acceptable. Your completed application should be submitted to the Department of Personnel at the address (or fax number) listed on page 1 of the application form. After submitting your application, you may be required to complete additional forms. If so, these forms will be mailed to you. Please include your social security number on all correspondence.

BE SURE TO KEEP A COPY OF YOUR APPLICATION FOR YOUR FILES

AFTER YOUR APPLICATION IS SUBMITTED

For each job classification you apply for, your application is evaluated to determine whether or not you meet the education, experience, and/or other special requirements for the job. If a job classification requires a written test, you will be sent testing instructions in the mail. When a job classification does not require a written test, the information on your application will be used for evaluating and rating your training and experience. This may include your education, experience, and any licenses or certificates that you possess. All evaluation/examination results will be mailed to you. Applicants attaining a passing score on either a rating of their education and experience or a written test will be added to the list of eligibles for the job classification in which a passing score was obtained. Scores received on a rating of education and experience are normally valid for a period of two years. Scores received on a written or computer administered test are valid until such time as the examination is revised and the register is abolished.

TESTING

Tennessee Career Service examinations are administered on a daily basis (Mon.-Fri.) at the Department of Personnel in Nashville. Most tests are administered on computer. No appointment is needed for the testing location in Nashville. Applicants may be admitted for testing any time between the hours of 8:30 a.m. and 1:00 p.m. Applicants wishing to test in a location other than Nashville must be scheduled for a specific testing session based on the testing location preference selected by the applicant on the application form. The testing admission letters sent to these applicants will provide the specific testing location and will either specify a date and time for testing or provide a telephone number to call to make an appointment for testing.

Certain applicants may be eligible for an alternative examination procedure to that described in the previous paragraph. The Americans with Disabilities Act and Tennessee law [TCA 8-30-302(b)] authorize the Department of Personnel to provide a work test period as an alternative Career Service examination for individuals who as a consequence of a disability lack sensory, manual, or speaking skills needed to take some examinations. If you believe you are eligible for the alternative examination, please call (615) 741-0441 or TDD (615) 741-6276 to request information about this option.

HIRING

As Career Service job vacancies occur, agencies request certified lists of eligible applicants to fill the vacant positions. If your score is high enough for a particular job classification, your name may be certified to the agency as an eligible applicant. You will be mailed a notice of the job opening and asked to contact the agency within seven days of the date on your notice to schedule an interview. An agency is required to make an employment decision from the top five interested and available applicants when hiring from an open list of eligible applicants and from the top three when hiring from a promotional list of eligible applicants.

LATERAL TRANSFERS

If you are a current Career Service employee and would like to transfer to another position within your current classification, you may request that your name be placed on the lateral transfer list. No application is required. Just call the Applicant Services Division at (615) 741-4841. The lateral transfer list will be provided to hiring agencies, upon their request, as vacancies occur.

INFORMATION AND INSTRUCTIONS (Continued)

--GENERAL INFORMATION--

A Change in Application Requirements: You should provide your complete education and experience background information with this application if you have not submitted a full and complete application since March, 1999. This applies to all applicants, including current State employees. This change in application procedures was made as a result of changes in the Department of Personnel's application processing and maintenance procedures. These changes have been made in an effort to enhance the quality of services provided to applicants, employees, and hiring agencies.

To Re-apply: In applying for additional jobs in the future, you may submit an abbreviated application, omitting your previous education and work experience information. However, you should always include information on the experience that you've gained since your last application. Even if you have continued in the same job, that job should be listed in job block A to show that you've continued working in that position.

Important Information: Applications must often be returned to obtain a small piece of information overlooked by the applicant. Please review your application carefully to make sure that all the requested information is included.

It is recommended that you include your name and social security number on any additional documents or supplemental information you include with your application. If you choose to fax your application, it is recommended that you write your name and social security number on each faxed page. To allow for the most timely processing of applications, we ask that you **DO NOT** submit a duplicate of your faxed application in the mail.

BE SURE TO KEEP A COPY OF YOUR APPLICATION FOR YOUR FILES. DO NOT INCLUDE PAGE 2 WHEN YOU ARE ASKED TO PROVIDE A COPY OF YOUR APPLICATION FOR AN EMPLOYMENT INTERVIEW.

COUNTY PREFERENCES/LEGAL COUNTY CODES

On page 1 of the application form, you are asked to select your county work preferences and indicate your legal resident county. Use the county codes from the list below to record this information.

County Preferences: You may choose up to five counties for your work location preferences or you may choose **STATEWIDE "99"** to be considered for all counties. A map of Tennessee is provided to assist you in selecting the counties in which you are willing to accept employment.

Legal Resident County: Your legal resident county is the county in which you reside and to which you definitely intend to return even though you may be temporarily absent. **Non-state residents must indicate "00" as their legal county code**

01 Anderson	15 Cocke	29 Grainger	43 Humphreys	57 Madison	71 Putnam	85 Trousdale
02 Bedford	16 Coffee	30 Greene	44 Jackson	58 Marion	72 Rhea	86 Unicoi
03 Benton	17 Crockett	31 Grundy	45 Jefferson	59 Marshall	73 Roane	87 Union
04 Bledsoe	18 Cumberland	32 Hamblen	46 Johnson	60 Maury	74 Robertson	88 Van Buren
05 Blount	19 Davidson	33 Hamilton	47 Knox	61 Meigs	75 Rutherford	89 Warren
06 Bradley	20 Decatur	34 Hancock	48 Lake	62 Monroe	76 Scott	90 Washington
07 Campbell	21 Dekalb	35 Hardeman	49 Lauderdale	63 Montgomery	77 Sequatchie	91 Wayne
08 Cannon	22 Dickson	36 Hardin	50 Lawrence	64 Moore	78 Sevier	92 Weakley
09 Carroll	23 Dyer	37 Hawkins	51 Lewis	65 Morgan	79 Shelby	93 White
10 Carter	24 Fayette	38 Haywood	52 Lincoln	66 Obion	80 Smith	94 Williamson
11 Cheatham	25 Fentress	39 Henderson	53 Loudon	67 Overton	81 Stewart	95 Wilson
12 Chester	26 Franklin	40 Henry	54 McMinn	68 Perry	82 Sullivan	
13 Claiborne	27 Gibson	41 Hickman	55 McNairy	69 Pickett	83 Sumner	
14 Clay	28 Giles	42 Houston	56 Macon	70 Polk	84 Tipton	

99 Statewide - You will be considered for vacancies throughout the state regardless of location. Use this code for county preferences only.

00 Non-state residents - Use this code for legal county information only.

Use the State of Tennessee map below to assist you in selecting county preferences.



Attention Applicants: You may retain the instruction sheet for your records. You do not need to submit it with your application.

--Do not write in shaded area - office use only--

TESTING: If you are willing to take any necessary examinations, please indicate your testing location preference from the choices below.

MARK ONE ___ 06 Cleveland ___ 28 Pulaski ___ 57 Jackson ___ 79 Memphis
 ___ 19 Nashville ___ 47 Knoxville ___ 67 Livingston ___ 82 Kingsport

If you would like information on testing accommodations for persons with disabilities, please call (615) 741-0441 or TDD (615) 741-6276. See information under the heading "Testing Information" on Side A of Information and Instructions for further information about the employment testing process.

VETERANS INFORMATION: Tennessee veterans preference points are only added to passing examination scores on Career Service appointment registers. To receive veterans preference points, you must be a present or former member of the United States Armed Forces, have served on active duty during the service eligibility periods listed below (unless otherwise noted), have received an honorable discharge, and be a legal resident of the State of Tennessee (i.e., have resided in the State of Tennessee for the past two-year period or possess a Tennessee voter registration card). Veterans meeting these conditions will have **five (5) points** added to their passing examination scores. For veterans with a ten percent (10%) or greater service-connected disability, **ten (10) points** will be added to their passing examination scores. **Ten (10) points** will be added to the passing examination scores of the spouse or unremarried spouse of a one hundred percent (100%) service-connected disabled veteran or the unremarried spouse of a veteran killed on active duty during the eligibility periods listed below. **Five (5) points** will be added to the passing examination scores of the spouse or unremarried spouse of a one hundred percent (100%) service-connected disabled veteran or unremarried spouse of a veteran killed on active duty during any other time period.

Service Eligibility Dates: W.W.II (12-7-41 to 12-31-46); Korean Campaign (6-27-50 to 1-31-55); Vietnam Conflict (2-28-61 to 5-7-75); Lebanon, Grenada or Panama Expeditions (ONLY IF AWARDED THE ARMED FORCES EXPEDITIONARY MEDAL); and Operation Desert Shield/Storm (8-2-90 to end date not yet established).

TO CLAIM VETERANS PREFERENCE, CHECK THE APPROPRIATE BOX BELOW AND SUBMIT PROOF AS INDICATED IN THE TABLE.

☐ Proof will be submitted under separate cover ☐ Proof is Attached ☐ Proof has previously been submitted to Applicant Services

Date of Entry in Military Service

Date of Separation from Active Service

Month	Day	Year

Month	Day	Year

Rank at Time of Discharge

Branch of Service

VETERAN STATUS:

REQUIRED DOCUMENTS:

DOCUMENT TYPES:

Veteran submit document 1 only
10% Disabled Veteran submit documents 1 and 2
Spouse-100% Disabled Veteran submit documents 1 and 3
Spouse-Veteran killed on active duty submit documents 1 and 4

1. Discharge (DD Form 214) showing entry and honorable discharge date from active military service.
2. *Statement from Veterans Administration showing veteran's 10% service-connected disability.
3. *Statement from Veterans Administration showing veteran's 100% service-connected disability.
4. Statement from Veterans Administration showing veteran was killed while on active duty.

***Statement must have been issued from Veterans Administration within last six months.**

SPECIAL QUALIFICATION INFORMATION: Employment consideration for some jobs (e.g., Correctional Officer, Trooper, other jobs in law enforcement) is limited to U.S. citizens and/or to individuals who meet minimum age requirements. If you are applying for a job for which U.S. citizenship or minimum age requirements are applicable, please provide the information in this block. (Note: To obtain information about special qualifications requirements for a particular job, please visit the Department of Personnel's Job Search website at www.ja.state.tn.us/personnel/JobSearch/JobSearch.jsp.)

To be considered for jobs requiring U.S. citizenship, please answer:	Are you a U.S. citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
To be considered for jobs requiring a minimum age of 18, please answer:	Are you <u>at least</u> 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
To be considered for jobs requiring a minimum age of 21, please answer:	Are you <u>at least</u> 21 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

OPTIONAL INFORMATION

DEMOGRAPHIC INFORMATION: The following information is for Equal Employment Opportunity/Affirmative Action purposes only. To assist the State of Tennessee in its commitment to equal employment opportunity, applicants are asked to provide voluntarily the following information. The State of Tennessee is authorized under federal law to retain this information for research and statistical reasons. This information will not be used in an employment decision and refusal to provide this information will not affect an applicant's employment opportunities. Information requested is to be completed on a **voluntary** basis. Data will be held **confidential** and only used in accordance with applicable federal law.

RACE A. ☐ White B. ☐ Black C. ☐ Hispanic D. ☐ Asian or Pacific Islander
 E. ☐ Native American Indian F. ☐ Alaskan Native G. ☐ Other

SEX A. ☐ Male B. ☐ Female

Social Security Number <div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> <div style="position: absolute; left: 0; top: 0; width: 100%; height: 100%; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px);"></div> </div>	Last Name <div style="border: 1px solid black; width: 100%; height: 20px;"></div> First Name <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
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EDUCATIONAL BACKGROUND

You should provide all information requested in this section. You may omit the Educational Background section only if you have filed a full and complete application since March, 1999, and your education information has not changed since that time. This applies to all applicants **including current State Employees**.
PLEASE NOTE: You should complete "LICENSES" and "REFERENCES" with each new application you submit. Signature is required with each application.

Primary/Secondary Education - Please indicate the highest level of primary or secondary education completed.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10	11	certif. of completion	GED certif.	high school diploma	_____ date completed	

Postsecondary Education - Please list schools attended after high school. This includes any colleges, universities, or vocational schools attended. When indicating hours completed, you must convert semester hours to quarter hours. Just multiply semester hours by 1.5 to convert to quarter hours. Indicate clock hours for vocational school training.

Name and city/state location of school	Dates attended		Total # of quarter or clock hours completed	Did you Graduate?		Type of degree or certificate and date (MO/YR) received	Major field of study or area of concentration
	FROM MO/YR	TO MO/YR		YES	NO		

To ensure that you receive the maximum score possible in an evaluation of your training and experience, it is strongly recommended that you submit a copy of your college transcript with your application. Regardless of whether or not you are submitting a transcript, please indicate the number of quarter hours received in the subjects listed below. A transcript of all course work may be required at the time of employment. For education received from a non-United States college or university, please attach a copy of credential evaluation from an accredited United States school or other acceptable evaluation service.

(To convert semester hours to quarter hours, multiply by 1.5.)

<input type="checkbox"/> Accounting	<input type="checkbox"/> Political Science	<input type="checkbox"/> Environmental Engineering	<input type="checkbox"/> Psychology	<input type="checkbox"/> Agribusiness	<input type="checkbox"/> Human Anatomy	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Chemistry	<input type="checkbox"/> Computer Science	<input type="checkbox"/> Drafting	<input type="checkbox"/> Sociology	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Human Nutrition	<input type="checkbox"/> Non State CEU* credit
<input type="checkbox"/> Biology	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Education	<input type="checkbox"/> Environmental Health/Physics	<input type="checkbox"/> Archaeology	<input type="checkbox"/> Industrial Arts	<input type="checkbox"/> Nursing
<input type="checkbox"/> Microbiology	<input type="checkbox"/> Statistics	<input type="checkbox"/> Special Education	<input type="checkbox"/> Geology	<input type="checkbox"/> Child/Family Studies	<input type="checkbox"/> Law/Legal Assistance	<input type="checkbox"/> Recreation/Rec. Therapy
<input type="checkbox"/> Business/Economics	<input type="checkbox"/> Civil Engineering	<input type="checkbox"/> Counseling	<input type="checkbox"/> Library Science	<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Marketing	<input type="checkbox"/> Rehabilitation Studies

* CEU credits earned by State employees through state sponsored training will be automatically recorded in their applicant records. To obtain credit for non-state sponsored CEUs or vocational technical school training, an official transcript must be attached.

LICENSES: Please list each license, certificate, or other authorization to practice a trade or profession. Teachers must specify subject area and type of certification. Please make sure licensure information is current with each new application you submit.

TYPE OF CERTIFICATION	AREA OF ENDORSEMENT	LICENSE NO.	ORIGINAL LICENSE ISSUE DATE	CURRENT LICENSE EXPIRATION DATE	STATE OR AGENCY ISSUING LICENSE

REFERENCES: Please provide complete information for your references below. Please make sure your reference information is current with each new application you submit.

NAME	STREET ADDRESS	CITY - STATE	TELEPHONE

SIGNATURE: Under penalty of perjury, I certify that the information I am providing in this application is correct and complete to the best of my knowledge. I am aware that should investigation show any falsification or material misrepresentation, I will not be considered for employment, or if employed, I will be dismissed and disqualified from future examinations. I hereby authorize the State of Tennessee to make all necessary investigations concerning me or my actions and to receive and make available to all state agencies my academic records or other materials pertinent to my qualifications. I further authorize and request each former employer, educational institution, or organization (**including law enforcement agencies**) to provide all information that may be sought in connection with this application.

SIGNATURE OF APPLICANT _____ DATE _____

Signature is required. Unsigned applications will be returned to the applicant

EXPERIENCE BACKGROUND

Important - Please Read

Instructions: You should provide your **complete work history** in the experience background section on the following pages **unless you have submitted a full and complete application since March, 1999**. This applies to **all applicants, including current State employees**. In providing your complete work history information, you may use copies of pages from previous applications to construct one complete and up-to-date application. **If you have submitted a full application since March, 1999**, you may omit your prior work experience, **except for** the experience you have gained since the time of your last application. Even if you have continued in the same job, that job should be listed in job block A to show that you've continued working in the same position.

To complete your work history, use the job blocks provided below and on the following pages, beginning with your present or most recent job in job block A. If necessary, you may attach additional sheets to provide your complete work history in the format shown below. It is important that you accurately describe the major responsibilities associated with each job you have held, along with all other requested information for each job. **Incomplete information may lower your application rating.** If you moved to a different position within the same organization and your major duties changed, you must list each position as a separate job. For military experience, it is important that you include the dates and pay grade for each position held. Unpaid, volunteer or part-time work experience may also be included with your work experience history. **You may submit an employment resume to supplement your application; however, you must describe your major job responsibilities in the format below to ensure accurate scoring of your application.**

If you have not reviewed the information above, please do so now to be sure you complete this section correctly.

JOB A

TITLE OR RANK OF POSITION : _____

EMPLOYED FROM TO
MO. YR. MO. YR.

REASON FOR LEAVING : _____

AVERAGE # OF HRS. WORKED PER WEEK: _____ STARTING ANNUAL SALARY : _____ LAST ANNUAL SALARY : \$ _____

EMPLOYER NAME : _____ TYPE OF BUSINESS : _____ TELEPHONE: _____

EMPLOYER ADDRESS : _____
STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ NAME OF YOUR IMMEDIATE SUPERVISOR : _____

Describe your major duties /responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.

% TIME	DUTIES/RESPONSIBILITIES
100 %	

JOB B

TITLE OR RANK OF POSITION : _____

EMPLOYED FROM TO
MO. YR. MO. YR.

REASON FOR LEAVING : _____

AVERAGE # OF HRS. WORKED PER WEEK: _____ STARTING ANNUAL SALARY : _____ LAST ANNUAL SALARY : \$ _____

EMPLOYER NAME : _____ TYPE OF BUSINESS : _____ TELEPHONE: _____

EMPLOYER ADDRESS : _____
STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ NAME OF YOUR IMMEDIATE SUPERVISOR : _____

Describe your major duties /responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.

% TIME	DUTIES/RESPONSIBILITIES
100 %	

USING THE FORMAT ABOVE, ATTACH ADDITIONAL SHEETS IF NECESSARY TO COMPLETE YOUR EMPLOYMENT HISTORY.

JOB C		TITLE OR RANK OF POSITION : _____	
EMPLOYED FROM	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	TO	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
MO.	YR.	MO.	YR.
REASON FOR LEAVING : _____			
AVERAGE # OF HRS. WORKED PER WEEK: _____		STARTING ANNUAL SALARY : _____	
		LAST ANNUAL SALARY : \$ _____	
EMPLOYER NAME : _____		TYPE OF BUSINESS : _____	
EMPLOYER ADDRESS : _____		TELEPHONE: _____	
STREET		CITY	STATE
		ZIP CODE	
AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____		NAME OF YOUR IMMEDIATE SUPERVISOR : _____	

JOB ID		TITLE OR RANK OF POSITION : _____
EMPLOYED FROM	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div>	REASON FOR LEAVING : _____
	<div style="display: inline-block; width: 20px; text-align: center;">MO.</div> <div style="display: inline-block; width: 20px; text-align: center;">YR.</div>	
	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div>	
	<div style="display: inline-block; width: 20px; text-align: center;">MO.</div> <div style="display: inline-block; width: 20px; text-align: center;">YR.</div>	
AVERAGE # OF HRS. WORKED PER WEEK: _____ STARTING ANNUAL SALARY : _____ LAST ANNUAL SALARY : \$ _____		
EMPLOYER NAME : _____ TYPE OF BUSINESS : _____ TELEPHONE: _____		
EMPLOYER ADDRESS : _____		
STREET	CITY	STATE
		ZIP CODE
AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ NAME OF YOUR IMMEDIATE SUPERVISOR : _____		

JOB E		TITLE OR RANK OF POSITION : _____		
EMPLOYED FROM	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	TO	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	REASON FOR LEAVING : _____
	MO. YR.		MO. YR.	
AVERAGE # OF HRS. WORKED PER WEEK: _____		STARTING ANNUAL SALARY : _____		LAST ANNUAL SALARY : \$ _____
EMPLOYER NAME : _____		TYPE OF BUSINESS : _____		TELEPHONE: _____
EMPLOYER ADDRESS : _____				
STREET		CITY		STATE
				ZIP CODE
AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____		NAME OF YOUR IMMEDIATE SUPERVISOR : _____		

USING THE FORMAT ABOVE, ATTACH ADDITIONAL SHEETS IF NECESSARY TO COMPLETE YOUR EMPLOYMENT HISTORY.

5

JOB F

EMPLOYED FROM TO
MO. YR. MO. YR.

TITLE OR RANK OF POSITION : _____

REASON FOR LEAVING : _____

AVERAGE # OF HRS. WORKED PER WEEK: _____ STARTING ANNUAL SALARY : _____ LAST ANNUAL SALARY : \$ _____

EMPLOYER NAME : _____ TYPE OF BUSINESS : _____ TELEPHONE: _____

EMPLOYER ADDRESS : _____
STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ NAME OF YOUR IMMEDIATE SUPERVISOR : _____

Describe your major duties /responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.	
% TIME	DUTIES/RESPONSIBILITIES
100 %	

JOB G

EMPLOYED FROM TO
MO. YR. MO. YR.

TITLE OR RANK OF POSITION : _____

REASON FOR LEAVING : _____

AVERAGE # OF HRS. WORKED PER WEEK: _____ STARTING ANNUAL SALARY : _____ LAST ANNUAL SALARY : \$ _____

EMPLOYER NAME : _____ TYPE OF BUSINESS : _____ TELEPHONE: _____

EMPLOYER ADDRESS : _____
STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ NAME OF YOUR IMMEDIATE SUPERVISOR : _____

Describe your major duties /responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.	
% TIME	DUTIES/RESPONSIBILITIES
100 %	

JOB H

EMPLOYED FROM TO
MO. YR. MO. YR.

TITLE OR RANK OF POSITION : _____

REASON FOR LEAVING : _____

AVERAGE # OF HRS. WORKED PER WEEK: _____ STARTING ANNUAL SALARY : _____ LAST ANNUAL SALARY : \$ _____

EMPLOYER NAME : _____ TYPE OF BUSINESS : _____ TELEPHONE: _____

EMPLOYER ADDRESS : _____
STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ NAME OF YOUR IMMEDIATE SUPERVISOR : _____

Describe your major duties /responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.	
% TIME	DUTIES/RESPONSIBILITIES
100 %	

USING THE FORMAT ABOVE, ATTACH ADDITIONAL SHEETS IF NECESSARY TO COMPLETE YOUR EMPLOYMENT HISTORY.



STATE OF TENNESSEE
DEPARTMENT OF SAFETY

VERIFICATION OF EDUCATION

Applicant Name: _____ **Date:** _____

Please indicate your educational accomplishments and **attach listed documentation** (check all that apply):

☐ **GED Certificate***

☐ **High School Diploma***

(ONE of these documents is required, even though higher education may have been received)

☐ College Degree (Degree or Transcript – does NOT have to be certified)

☐ Degree from Vocational Schools (Degree or Transcript – does NOT have to be certified)

☐ Transcript of completed creditable hours if degree not received

☐ Professional License (attorney, pilot, CPA, etc.) – attach copy

☐ Training Certificates – **attach copy of only those that pertain to the skills required to be a Trooper.**

☐ Certifications – **attach copy of only those that pertain to the skills required to be a Trooper.**

This applicant is hereby advised that falsification of the above requested information shall result in automatic termination.

Applicant's Signature: _____



STATE OF TENNESSEE
DEPARTMENT OF SAFETY
Human Resource Division
1150 Foster Avenue, Warf Building
Nashville TN 37249-1000
Telephone (615) 251-5200 • Fax (615) 253-2095

Relationship Declaration

I hereby declare the following relationships (either by blood or marriage) within the Tennessee Department of Safety. I understand that it is my responsibility to update this form with the hiring or separation of family members within the Department.

List all relatives who work for the Department of Safety:

Last Name	First Name	Title	Relationship	Division/Location

☐ I do not currently have any relatives working with the Tennessee Department of Safety.

Trooper Applicant Name Printed

Social Security Number

Signature

Date



Security Clearance Application

Level I

Investigation conducted by the
Tennessee Bureau of Investigation
For the

Tennessee Department of Safety



For use with the hiring of all Troopers

Instructions

A Security Clearance Investigation is an essential element in determining a person's qualifications for employment with the Tennessee Department of Safety. The information requested in this application is a vital part of that process.

As the applicant, it is your responsibility to insure that all necessary information is provided in order for this investigation to be conducted in a reasonable amount of time and with the least amount of difficulty possible. Therefore, make sure that all sections are completed prior to turning this application into the interviewer. Each question **must** be answered. If there are questions that are not applicable to you, please indicate this fact by the notation "N/A" in the appropriate space.

Should you need additional space to provide the requested information, attach sheets of the same size as this application and specify continuation of a particular block of information.

The application should be typed or completed in black ink and must be clear and legible.

You are reminded that providing false information or failing to provide information could result in failing to be hired by the Tennessee Department of Safety or your dismissal should you be hired and the Background Investigation reveals the falsification.

COMMON AREAS OF OMISSION: We find that some applicants exclude middle names of relatives, personal references, and acquaintances. If a person does not have a middle name, indicate (NMN), meaning "No Middle Name". If you are unable to furnish complete information concerning your relatives or acquaintances, give sufficient explanation. Nicknames should not be used.

If you have ever served in the Armed Forces, indicate in Part II by each address if you lived on or off base, including overseas tours. If you have a relative currently in the military, indicate complete address, including Military Serial Number, branch of service and whether or not his/her residence is on or off base.

Investigation Results

Last Name	First Name	MI	Social Security Number
I. Personal History <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Reservations Comments: _____ _____ _____		VIII. Court Record <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Reservations Comments: _____ _____ _____	
II. Residences <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Reservations Comments: _____ _____ _____		IX. References & Social Acquaintances <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Reservations Comments: _____ _____ _____	
III. Educational Background <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Reservations Comments: _____ _____ _____		X. Relatives <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Reservations Comments: _____ _____ _____	
IV. Employment History <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Reservations Comments: _____ _____ _____		XI. Relatives Employed by the Government <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Reservations Comments: _____ _____ _____	
V. Military Service <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Reservations Comments: _____ _____ _____		XII. Friends/Acquaintances Employed by any Law Enforcement Agency <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Reservations Comments: _____ _____ _____	
VI. Organization Memberships <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Reservations Comments: _____ _____ _____		XIII. Physical Data <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Reservations Comments: _____ _____ _____	
VII. Special Qualifications & Skills <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Reservations Comments: _____ _____ _____		XIV. Personal Declarations <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Reservations Comments: _____ _____ _____	
Investigator Name: _____ Investigator Signature: _____ Date Investigation Completed: _____			

SECTION 1: PERSONAL HISTORY					
Last Name		First Name		Middle Name	Maiden name
List below all other names you have used, including nicknames. If you have ever used any surnames other than your true name, during what period and what circumstances were these names used? If you have ever legally changed your name, give date, place and court.					
<div></div> <div></div>					
Birth Date:		City & State of Birth:			
Age:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number:		
Driver License Number:				State:	
Ethnicity:	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian		
	<input type="checkbox"/> Black	<input type="checkbox"/> Asian	<input type="checkbox"/> Other		
# of Children:	(Include biological, step and adopted children)				
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced
State date, place, and reason for all separations, divorces, or annulments:					
<div></div> <div></div>					
Are you a U.S. Citizen?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to reside anywhere in Tennessee?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that you are not eligible to request a transfer to another post, except in extreme hardship cases, for one year?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 2: RESIDENCES		
Home Street Address		
City:	State:	Zip:
Home Phone (including area code):		
Work Phone (including area code):		
In the event this information becomes invalid, indicate the name and phone number of a relative through whom you may be reached or who could furnish your current address and phone number.		
Name:		
Relationship:		
Phone # (including area code):		
If you have not lived at your current residence for (1) one year, explain the reason.		
<div></div> <div></div>		

ACTUAL PLACES OF RESIDENCE FOR PAST 10 YEARS

Any applicant who has been out of high school for more than 10 years must list all residences since high school. Include address while at school and in military, as well as family-owned vacation homes. For college on-campus residences, give dorm name, city, and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city, state, and country. If post office box, give location of post office.

From (Month/Year)	To (Month/Year)	Apt. #	Street Address	City	State

SECTION 3: EDUCATIONAL BACKGROUND

High School **(attach copy of diploma)**

Name of High School:			
Address: (City & State)			
Telephone Number (including area code):			
Graduated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: (Month & Year)

GED **(attach copy of GED)**

Issuer of GED:			
Testing Location: (City & State)			
GED:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: (Month & Year)

College/University **(attach transcript – certified)**

Name of College	City	State	Major	Yrs Attended		Graduated (Y/N)
				TO	From	

Technical Schools (attach transcript – certified)						
Name of School	City	State	Study/ Specialty	Yrs Attended		Graduated (Y/N)
				TO	From	

SECTION 4: EMPLOYMENT HISTORY

NOTE: LIST MOST RECENT EMPLOYMENT FIRST. Please list each job you have held for the last **ten years**. Include chronological history of employment starting with current or most recent position. Account for all periods, including casual employment and all periods of unemployment. Be sure to include military experience, if applicable. If additional space is needed, attach additional sheets using same format. Be sure to provide all of the required information.

Job A				
Name of Business:				
Address:				
City:			State:	
Telephone Number (including area code):				
Type of Business				
Period of Employment (Month/Year):	From:		To:	
Position Held:				
Supervisor:				
Reason for leaving this employment:				
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to the above question concerning disciplinary action during previous employment, below provide a detailed description of the events.				
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>				

Job B			
Name of Business:			
Address:			
City:			State:
Telephone Number (including area code):			
Type of Business			
Period of Employment (Month/Year):	From:	To:	
Position Held:			
Supervisor:			
Reason for leaving this employment:			
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc.			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to the above question concerning disciplinary action during previous employment, below provide a detailed description of the events.			
<hr/> <hr/> <hr/>			

Job C			
Name of Business:			
Address:			
City:			State:
Telephone Number (including area code):			
Type of Business			
Period of Employment (Month/Year):	From:	To:	
Position Held:			
Supervisor:			
Reason for leaving this employment:			
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc.			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to the above question concerning disciplinary action during previous employment, below provide a detailed description of the events.			
<hr/> <hr/> <hr/>			

Job D			
Name of Business:			
Address:			
City:			State:
Telephone Number (including area code):			
Type of Business			
Period of Employment (Month/Year):	From:	To:	
Position Held:			
Supervisor:			
Reason for leaving this employment:			
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc.			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to the above question concerning disciplinary action during previous employment, below provide a detailed description of the events.			

Job E			
Name of Business:			
Address:			
City:			State:
Telephone Number (including area code):			
Type of Business			
Period of Employment (Month/Year):	From:	To:	
Position Held:			
Supervisor:			
Reason for leaving this employment:			
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc.			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to the above question concerning disciplinary action during previous employment, below provide a detailed description of the events.			

Job F			
Name of Business:			
Address:			
City:			State:
Telephone Number (including area code):			
Type of Business			
Period of Employment (Month/Year):	From:	To:	
Position Held:			
Supervisor:			
Reason for leaving this employment:			
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, or quit/resigned in lieu of being terminated?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to the above question concerning disciplinary action during previous employment, below provide a detailed description of the events.			
<hr/> <hr/> <hr/> <hr/>			

In any previous employment (not just employment in last ten years) have you been terminated and/or disciplined for any misconduct, behavior problems, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to the above question, provide a detailed description of events and the results of all disciplinary actions taken by the employer.	
<hr/> <hr/> <hr/> <hr/>	

OWNERSHIP/PROPRIETORSHIP/CONTRACTS WITH THE STATE OF TENNESSEE

Do you have any interest in, engage in, have a financial interest in, are the sole proprietor, a partner (limited or otherwise) in any non-profit agency, for-profit agency, business or corporation?

☐ No

☐ Yes – please list below the name of the business, the type of business, the services/products produced by this business and if any contracts for the purchase of materials, supplies, equipment or services with the State of Tennessee are active.

Do you receive gifts, money or anything of value whatsoever directly or indirectly from any person, firm or corporation who has a contract for the purchase of materials, supplies, equipment or services with the State of Tennessee?

☐ No

☐ Yes – please list below the name of the person, firm or corporation, the type of business, and the services/products produced by this business.

SECTION 5: MILITARY SERVICE

Have you served in any branch of the U.S. Armed Services

☐ Yes☐ No

If you answered yes to the above question, attach copy of DD214 Member 4, DD215, or NGB 22.

Below Indicate the Branch of Service☐ Army☐ Air Force☐ Marines☐ Navy☐ Coast Guard☐ National Guard☐ Army Reserve**Dates of Service**

From (Month/Year):

To (Month/Year):

Date of Discharge:

Type of Discharge:

Last Duty Station:

Were you ever disciplined while in military service? (Includes Court-Marshall, Captains Mast, etc)

☐ Yes☐ No

If you answered yes to the above question concerning being disciplined while in the military, below provide a detailed account of the incident. Be sure to include dates, locations, and circumstances.

SECTION 6: ORGANIZATION MEMBERSHIPS

Are you now, or have you ever been a member of any club, society or organization?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, please list below: Do Not Abbreviate.							
Name of Organization	City	State	Former / Present		If Present, list position & Extent of Activity		
			<input type="checkbox"/> Former	<input type="checkbox"/> Present			
			<input type="checkbox"/> Former	<input type="checkbox"/> Present			
			<input type="checkbox"/> Former	<input type="checkbox"/> Present			
			<input type="checkbox"/> Former	<input type="checkbox"/> Present			

SECTION 7: SPECIAL QUALIFICATIONS AND SKILLS

Do you have foreign language ability?				<input type="checkbox"/> Yes		<input type="checkbox"/> No			
If yes, indicate your proficiency in each phase of each foreign language.									
Name of Language		Speak		Understand		Read		Write	
		<input type="checkbox"/> Slight <input type="checkbox"/> Good <input type="checkbox"/> Fluent		<input type="checkbox"/> Slight <input type="checkbox"/> Good <input type="checkbox"/> Fluent		<input type="checkbox"/> Slight <input type="checkbox"/> Good <input type="checkbox"/> Fluent		<input type="checkbox"/> Slight <input type="checkbox"/> Good <input type="checkbox"/> Fluent	
		<input type="checkbox"/> Slight <input type="checkbox"/> Good <input type="checkbox"/> Fluent		<input type="checkbox"/> Slight <input type="checkbox"/> Good <input type="checkbox"/> Fluent		<input type="checkbox"/> Slight <input type="checkbox"/> Good <input type="checkbox"/> Fluent		<input type="checkbox"/> Slight <input type="checkbox"/> Good <input type="checkbox"/> Fluent	
		<input type="checkbox"/> Slight <input type="checkbox"/> Good <input type="checkbox"/> Fluent		<input type="checkbox"/> Slight <input type="checkbox"/> Good <input type="checkbox"/> Fluent		<input type="checkbox"/> Slight <input type="checkbox"/> Good <input type="checkbox"/> Fluent		<input type="checkbox"/> Slight <input type="checkbox"/> Good <input type="checkbox"/> Fluent	
Are you a member of the bar?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:				State(s):	
Are you a CPA?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date				States(s):	
Are you a licensed pilot?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ratings Held:					
Please list any other licenses or certifications you possess:									

SECTION 8: COURT RECORD

Have you ever been arrested, indicted, charged with or convicted of a criminal or disorderly offense or instance of domestic violence in this state or in any other jurisdiction? (For the purpose of this question, the words “arrested” or “indicted” etc., include any detaining or taking into custody by any law enforcement authorities.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Since you are applying for a public safety position, you must list all arrests, convictions, instances of domestic violence, and expungements, even though you may have been advised by your attorney, a judge, prosecutor or other official that there is no record. Juvenile and expunged records are sealed and most employers will not have access to them. Law enforcement agencies, such as this department, do have access to these records. All juvenile arrests, convictions, expungements will surface during your background investigation. .

I acknowledge that I have read and understand the above statement. I fully understand what information is required of me and that failure to supply accurate information will be considered willful falsification of my application which is adequate cause for removal from the register.

Applicant Signature _____		Date _____	
If yes, type of charge:	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Not Sure

If you answered yes to the previous question concerning being arrested, below provide a detailed account of the circumstances. Be sure to include dates, locations, and types of charges.

Have you ever been incarcerated, in jail, prison, correctional training school, or military stockade?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered Yes to the previous question concerning incarceration, below give a detailed account of the situation. Be sure to include dates, locations, and circumstances.		

Are you now, or have you ever been involved as a plaintiff, defendant, or petitioner, or respondent in any civil action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered Yes to the previous question concerning involvement in a civil action, below give an account of the circumstances, be sure to include the date, county, court and type of action.		

Are you currently on any form of Probation from any jurisdiction, i.e. Federal, State, Local?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to the previous question concerning probation, below provide a detailed account of the circumstances; be sure to include dates and locations.		

Have you ever been issued a citation for a misdemeanor charge, other than a traffic violation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered Yes to the previous question concerning being issued a citation, below provide a detailed account of the circumstances. Be sure to include dates, locations, and type of charges.		

Have you ever had an order of protection against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered Yes to the previous question concerning having an order of protection against you, below provide a detailed account of the circumstances; be sure to include dates and locations.		

To your knowledge, has any member of your immediate family ever been convicted of a crime for other than a minor traffic violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered Yes to the previous question concerning a member of your immediate family being convicted, below provide a detailed account of the circumstances. Be sure to include relatives' names, relationships, dates, locations, and type of charges.		

SECTION 9: REFERENCES & SOCIAL ACQUAINTANCES

Give four (4) references (NOT relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women including your physician, if you have one, who have **personally known you** for at least the past five (5) years. If retired, give former occupation.

External influence in hiring is strictly forbidden. Manipulating the THP hiring process to accommodate political influence is a policy and integrity violation. Such unethical behavior will result in removal from consideration for any Trooper positions.

I acknowledge that I have read and understand the above statement.

Applicant Signature

Date

Reference/Social Acquaintance #1

Full Name:

Address:

City:

State:

Zip:

Home Phone (including area code):

Business Phone (including area code):

Other Contact Number, i.e. cellular phone, pager (including area code):

What is the best time to contact this person?

☐ Day

☐ Evening

☐ Night

How long have you known this person?

What is your relationship with this person?

Reference/Social Acquaintance #2

Full Name:

Address:

City:

State:

Zip:

Home Phone (including area code):

Business Phone (including area code):

Other Contact Number, i.e. cellular phone, pager (including area code):

What is the best time to contact this person?

☐ Day

☐ Evening

☐ Night

How long have you known this person?

What is your relationship with this person?

Reference/Social Acquaintance #3

Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Business Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
What is the best time to contact this person?	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
How long have you known this person?			
What is your relationship with this person?			

Reference/Social Acquaintance #4

Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Business Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
What is the best time to contact this person?	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
How long have you known this person?			
What is your relationship with this person?			

SECTION 10: RELATIVES

All applicants must give complete information concerning their relatives. If you have been married more than once, give the requested information about each former spouse. Furnish similar information, including date and place of action, for any members of your immediate family who have been divorced. Even though the relative is deceased, give all the information requested, and indicate last residence and year of death. Include stepbrothers and sisters, half brothers and sisters. If you or your spouse have stepparents, legal guardians, or others who have reared you instead of your parents, the requested information should be furnished concerning them, as well as your real parents. If you are engaged to be married or contemplating marriage in the near future, complete information must be included under Section 3 and 17 through 22 regarding your future spouse and future in-laws, and clearly show that such relationship is a future one.

Father			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:			City/State:
Business Phone (including area code):			

Mother			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:			City/State:
Business Phone (including area code):			
Mother's Maiden Name:			

Spouse			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			
Spouse's Maiden Name:			

Former Spouse			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			

Child			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			

Spouse of Child			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:			City/State:
Business Phone (including area code):			

Child #2			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:			City/State:
Business Phone (including area code):			

Spouse of Child #2			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:			City/State:
Business Phone (including area code):			

Child #3			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			

Spouse of Child #3			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			

Brother (Including Step or Half-Brother)			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			

Spouse Of Brother			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			

Brother #2 (Including Step or Half-Brother)			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			

Spouse Of Brother #2			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			

Sister (Including Step or Half-Sister)			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			

Spouse Of Sister			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			

Sister #2 (Including Step or Half-Sister)			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			

Spouse Of Sister #2			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			

Father-In-Law			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			

Mother-In-Law			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			

Brother Of Your Spouse			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			

Step-Father			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			

Sister Of Your Spouse			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			

Step-Mother			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			

Other Individuals With Whom You Have Resided Over A Period Of 30 Days Or More. Indicate Relationship and Include College Roommates.			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			
Relationship:			

Other Individuals With Whom You Have Resided Over A Period Of 30 Days Or More. Indicate Relationship and Include College Roommates.			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			
Relationship:			

SECTION 11: RELATIVES EMPLOYED BY THE GOVERNMENT

List the complete names of any relatives (including in-laws) who are employed by any local, state or federal government.

Complete Name	Relation	Agency By Which Employed	Location (City/State)

SECTION 12: FRIENDS OR ACQUAINTANCES EMPLOYED BY ANY LAW ENFORCEMENT AGENCY

List the complete names of any relatives (including in-laws) who are employed by any local, state or federal government.

Complete Name	Years Known	Employed By	Location (City/State)

SECTION 13: PHYSICAL DATA

Are you physically able to:

	Fire a handgun, shotgun, machine gun?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Drive a car?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Run 1 ½ miles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do push-ups?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do sit-ups?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do flexibility exercises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 14: PERSONAL DECLARATIONS

Do you consume intoxicating liquors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered Yes to the previous question, please complete the following questions		
Please indicate the type of intoxicating liquors you consume. You may indicate more than one type.		
<input type="checkbox"/> Beer	<input type="checkbox"/> Wine	<input type="checkbox"/> Liquor <input type="checkbox"/> Other
Please indicate the frequency you consume these intoxicating liquors.		
<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Special Occasions

Have you ever used narcotics, drugs, or marijuana in an illegal or recreational manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, list below what type you used:		
<input type="checkbox"/> Marijuana	<input type="checkbox"/> Controlled Substance	<input type="checkbox"/> Narcotics
If you answered YES to the previous question concerning the use of drugs, in the space provided below, provide a detailed description of the drugs, the circumstances, surrounding the use, and the time period they were used. If you answered NO enter Not Applicable (N/A) below.		

Have you ever declared, or are you about to declare bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered Yes to the previous question, please provide date, location, and circumstances.		

List the names of Federal, state or local departments, agencies or offices (including law enforcement) to which you have applied for employment, including date and status of application.
If, to your knowledge, any of the above have conducted an investigation of you, indicate the name of the agency and the approximate date of the investigation.

Are you now or have you ever been delinquent in payment of alimony or child support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide date, location, and circumstances.		
<hr/> <hr/> <hr/>		

What are your feelings about the use of deadly force if it became necessary in the performance of your official duties?
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

In the space provided below, please give the reason(s) why you want to be employed by the Tennessee Department of Safety as a Trooper
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Please provide detailed directions to your residence. Be sure to provide a beginning notable landmark, i.e. Courthouse, Police Station, Highway Patrol Post, etc.
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

An investigation will be conducted of all information listed on this application. Because of this, are you aware of any information about yourself or any person which you are or have been closely associated (including relatives and roommates) which might tend to reflect unfavorably on your reputation, morals, character, ability or loyalty to the United States?

If Yes, please attach a separate piece of paper, giving your version of this/these incidents.

ADVISEMENT TO APPLICANTS

The overall purpose of the pre-employment background investigation is to verify that your application and any statements you have made to your prospective employer concerning your qualifications are true.

Tennessee employers have a legal duty to know the persons whom they employ. In some cases, laws may mandate a background investigation before employment, while in other cases it is merely a case of public policy or prudence before placing someone in a position of public trust. Both State and Federal courts have also held that there is an absolute necessity for public employees to be truthful. You must understand that a lack of truthfulness or deception of any type on your part will automatically and irrevocably result in your application being rejected from further consideration.

For some people, there may be one or more incidents or occurrences in their background which they regret or may feel some embarrassment. A prospective employer will not make inquiries into areas of a person's background that have no legitimate bearing on their qualifications for the job. You should understand that the mere presence of so-called "negative" information in your background is not automatically disqualifying. For example, an applicant may have engaged in petty thievery as a child, used illegal drugs, been fired or been convicted of a crime as an adult. These things in and of themselves may not automatically remove that person from consideration for a job, but lying about them will.

A pre-employment background investigation is not intended to be an intimidating experience or an unwarranted invasion into your privacy. Your background investigator will contact persons who know you, including present and/or former employers, and will examine official documents and records concerning you to ensure that you have been honest in your application and fulfill the legal mandates imposed by the courts and legislature. The more forthright you have been, the greater the likelihood that your background can be completed in a timely and successful manner.

I understand that any false statement and/or deliberate misrepresentations, whether by omission or commission, will result in my application being automatically and irrevocably rejected from further consideration. I certify that I have read the above statement and understand its contents.

Applicant Signature

Date

Applicant Print Full Legal Name

Witness (Interviewer) Signature

Date

Witness (Interviewer) Print Name



STATE OF TENNESSEE
DEPARTMENT OF SAFETY

Credit Report Disclosure

Notice of Rights Under The Fair Credit Reporting Act

15 United States Code Section 1681b(B)(2) states as follows:

(2) Disclosure to consumer – A person may not procure a consumer report, or cause a consumer report to be procured, for employment purposes with respect to any consumer, unless –

(A) a clear and conspicuous disclosure has been made in writing to the consumer at any time before the report is procured or caused to be procured, in a document that consists solely of the disclosure, that a consumer report may be obtained for employment purposes; and

(B) the consumer has authorized in writing the procurement of the report by that person.

15 United States Code Section 1681b(b)(3) states as follows:

(3) Conditions on use for adverse actions – In using a consumer report for employment purposes, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates –

(A) a copy of the report; and

(B) a description in writing of the rights of the consumer under this subchapter, as prescribed by the Federal Trade Commission under section 1681g(c)(3) of this title.

Authorization for TDOS to Obtain Consumer Credit Report

The Tennessee Department of Safety (TDOS) may seek to obtain your consumer credit report as part of a background investigation and/or during the employment process. Pursuant to the above statute, be advised that you are entitled to notice (via this document) before the TDOS may obtain your consumer credit report. In addition, you must voluntarily complete this form authorizing the TDOS to obtain a copy of your consumer credit report before the TDOS of Safety can obtain a copy of that report.

If adverse action is taken in whole or in part as a result of review of the report, you will be provided with a copy of that report and a description in writing of your rights under the above statute.

I have read and understand the statement of my rights under the Fair Credit Reporting Act above. I hereby authorize the Tennessee Department of Safety to obtain a copy of my consumer credit report to be considered in connection with a background investigation that is being conducted for employment purposes. This authorization is given freely and voluntarily.

Print Full Name of Applicant
(Include maiden name, if applicable)

Social Security Number

Applicant Signature

Date

Witness (Interviewer) Signature

Date



STATE OF TENNESSEE
DEPARTMENT OF SAFETY

Authorization For Release Of Information

I, _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized Agent of the Tennessee Department of Safety, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institution; financial or credit institutions, including records of loans, records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment; employment or pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and records or lawsuits, criminal or civil, in which I presently have, or have had, an interest.

I also certify that any persons who may furnish such information concerning me shall not be held responsible for giving this information; and I do hereby release said persons from any and all liability which may be incurred as a result of furnishing such information. I further release the Tennessee Department of Safety and the State of Tennessee from any and all liability which may be incurred as a result of collecting such information.

I have read and fully understand the contents of this Authorization For Release of Information.

Print Full Name of Applicant
(Include maiden name, if applicable)

Street Address

Social Security Number

City State Zip

Date of Birth

Phone Number (including area code)

Applicant Signature

Date

Witness (Interviewer) Signature

Date



Polygraph Pre-Employment Questionnaire

Investigation conducted by the

Criminal Investigation Division

For the

Tennessee Department of Safety

For the use of hiring all State Troopers

I. APPLICANT**Circle Answer**

- | | | | |
|---|---|-----|----|
| 1 | Have you ever had a polygraph examination? | YES | NO |
| 2 | Have you ever used an alias for an illegal purpose? | YES | NO |

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II. PAST EMPLOYMENT**Circle Answer**

- | | | | |
|---|--|-----|----|
| 1 | Did you intentionally omit any places of employment from your application that you feel would be detrimental to you? | YES | NO |
| 2 | Have you ever been terminated from employment for any reason? | YES | NO |

If yes, Explain: _____

- | | | | |
|---|---|-----|----|
| 3 | Have you ever quit a job in lieu of being terminated? | YES | NO |
| 4 | Have you ever been asked to resign from a job? | YES | NO |
| 5 | Are there any of your past employers that you feel would give you a bad recommendation? | YES | NO |
| 6 | Have you stolen anything from a former employer? | YES | NO |

If yes, Explain: _____

- | | | | |
|---|---|-----|----|
| 7 | Have you ever applied for a job with any other law enforcement agencies? | YES | NO |
| 8 | Have you ever cheated an employer? (Unauthorized Sick Leave, Padded Expense Accounts, Etc...) | YES | NO |
| 9 | Have you ever received any reprimands, suspension, commendations, etc... | YES | NO |

- | | | | |
|----|--|-----|----|
| 10 | Did you ever consume alcoholic beverages or use marijuana or other, illegal drugs prior to reporting for work? | YES | NO |
|----|--|-----|----|

If yes, Explain: _____

- | | | | |
|----|--|-----|----|
| 11 | Did you ever consume alcoholic beverages or use marijuana or other, illegal drugs while at work? | YES | NO |
|----|--|-----|----|

If yes, Explain: _____

- | | | | |
|----|---|-----|----|
| 12 | Have you ever been reprimanded at work? | YES | NO |
|----|---|-----|----|

If yes, Explain: _____

Circle Answer

13 Did you ever have any serious trouble, job disagreements, etc. While working with others?

YES

NO

If yes, Explain: _____

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III. SECURITY

Circle Answer

1 Have you ever been a member of any group or organization which advocates violent dissent or the overthrow of the United States Government?

YES

NO

2 Have you ever been a member of any group or organization that advocates violence, racism, or other illegal activities?

YES

NO

3 Have you ever been involved in any type of terrorist activities?

YES

NO

4 Have you ever been refused a security clearance or bond?

YES

NO

5 Have you ever been involved in any type of riot, illegal demonstration, or illegal strike?

YES

NO

6 Have you ever participated in the illegal use or manufacture of explosive devices or firebombs?

YES

NO

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IV. ALCOHOL

Circle Answer

1 Did you ever call in sick because of a "hangover"?

YES

NO

2 Did you ever drink on the job when you were not supposed to?

YES

NO

3 Have you ever been stopped for driving under the influence, but not taken to jail?

YES

NO

4 Did you ever operate a vehicle/boat while under the influence of alcohol/illegal drugs?

YES

NO

If yes, Explain: _____

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V. DRUGS

Circle Answer

1 Have you ever used/tried marijuana in any form?

YES NO

If yes, how many times? _____

If yes, when was the last time? _____

2 Did you ever illegally: (If YES, indicate last time)

Possess marijuana? _____

YES NO

Purchase marijuana? _____

YES NO

Sell marijuana? _____

YES NO

Cultivate or grow marijuana? _____

YES NO

Distribute marijuana? _____

YES NO

3 When were you last with someone while they were using marijuana? _____

4 Did you ever try or use any of the following drugs illegally?

Cocaine

YES NO

Opium

YES NO

LSD/Acid

YES NO

Heroin

YES NO

Amphetamine

YES NO

Quaaludes

YES NO

Downers

YES NO

Speed/Meth

YES NO

Mescaline

YES NO

Peyote

YES NO

PCP/Angel Dust

YES NO

Ecstasy

YES NO

Steroids

YES NO

Circle Answer

5 Have you lost time at work due to alcohol/drug use? YES NO

6 Have you been enrolled in a substance abuse program? YES NO

If yes, how many times?_____

If yes, last time was?_____

If yes, results:_____

7 Did you ever buy, sell, or transport any of the above listed drugs illegally? YES NO

8 When were you last with someone while they were using illegal drugs other than marijuana? YES NO

9 Approximately how many of your family members, friends, or associates use marijuana and/or other illegal drugs? YES NO

10 Did you ever, or do you now, possess or use drug related objects or paraphernalia? YES NO

11 Did you ever use any type of Steroids illegally? YES NO

12 Did you ever use someone else's prescription drug? YES NO

If yes, What was the prescription?_____

If yes, how many times?_____

If yes, last time was?_____

FOR OFFICIAL USE ONLY**VI. GAMBLING****Circle Answer**

1 Have you ever participated in illegal gambling? YES NO

If yes, how many times?_____

If yes, last time was?_____

2 What was the largest amount of money lost gambling at one time? YES NO

3 Do you owe any gambling debts? YES NO

Circle Answer

- 4 Did you ever borrow money to pay a gambling debt? YES NO
- 5 Did you ever steal money to pay a gambling debt? YES NO

FOR OFFICIAL USE ONLY**VII. MILITARY SERVICE****Circle Answer**

- 1 Have you ever attempted to join the military? YES NO
- 2 Have you complied with the Draft Registration Law? YES NO
- 3 Have you ever served in the military? YES NO

If yes, what branch(es) of service?

Branch: _____ to _____

Branch: _____ to _____

Branch: _____ to _____

If yes, continue with military service questions.

If no military service, skip to Driving Record questions.

- 4 While in the service did you ever receive any court-martial or any other form of disciplinary actions? YES NO

If yes, explain? _____

- 5 Were you ever the subject of any military investigation? YES NO

If yes, explain? _____

- 6 Did you ever receive military security clearance? YES NO

If yes, what type? _____

- 7 Were you ever denied a military clearance? YES NO

If yes, Explain: _____

Circle Answer

8 Present rank/rank upon discharge? _____

9 What type of discharge did you receive from military service? _____

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VIII. DRIVING RECORD

Circle Answer

1 Have you received any traffic citations since you started driving?

YES NO

If yes, list (to the best of your memory) what the citation was for and what year you received it.

Citation: _____ Date: _____

Citation: _____ Date: _____

Citation: _____ Date: _____

Citation: _____ Date: _____

Citation: _____ Date: _____

Citation: _____ Date: _____

Citation: _____ Date: _____

Citation: _____ Date: _____

Citation: _____ Date: _____

Citation: _____ Date: _____

2 How many vehicle accidents have you been involved in as a driver (both private and work vehicles)?

YES NO

3 Have you ever been involved in an accident that you failed to report, either to police or to the owner of the other property involved?

YES NO

4 Has your automobile insurance ever been refused or canceled?

YES NO

5 Do you now have the legally required insurance on your vehicle?

YES NO

6 Has your driver license ever been suspended, revoked, or placed on probation?

YES NO

Circle Answer

- 7 To your knowledge, are there any outstanding traffic warrants for you? YES NO
- 8 Do you owe money to any court for settlements, judgments, fines, or unpaid tickets? YES NO

If yes, Explain: _____

FOR OFFICIAL USE ONLY**IX. CREDIT STATUS AND DEBTS****Circle Answer**

- 1 Do you feel that you have a good credit rating? YES NO
- 2 Do you now have any unpaid debts past due? YES NO
- 3 Have you ever been sued, or to your knowledge, are you about to be sued? YES NO
- 4 Have you ever filed for bankruptcy? YES NO
- 5 Have you ever had your wages attached/garnisheed? YES NO
- 6 Did you ever "skip out" on a debt? YES NO
- 7 Have you ever had any personal property or realty repossessed? YES NO

FOR OFFICIAL USE ONLY**X. CRIMINAL ACTIVITY****Circle Answer**

- 1 Were you ever charged with a crime? YES NO
- If yes, Explain: _____
- 2 Have you ever been arrested? YES NO
- 3 Are you on probation for any violation of the law? YES NO

If yes, Explain: _____

Circle Answer

- | | | | |
|----|--|-----|----|
| 4 | Were you ever on probation for any violation of the law? | YES | NO |
| | If yes, Explain: _____ | | |
| 5 | Were you ever a prisoner in a jail or prison? | YES | NO |
| | If yes, Explain: _____ | | |
| 6 | Has anyone ever taken out a warrant on you? | YES | NO |
| | If yes, Explain: _____ | | |
| 7 | Have you ever been contacted by the police as a possible suspect for any kind of criminal investigation? | YES | NO |
| 8 | Right now, are you wanted by any law enforcement agency anywhere? | YES | NO |
| 9 | Were you ever questioned by any law enforcement authority? | YES | NO |
| | If yes, Explain: _____ | | |
| 10 | Have you ever committed, concealed, or participated in any of the following undetected crimes? | | |
| | Shoplifting | YES | NO |
| | Alteration of Price Tag | YES | NO |
| | Vandalism | YES | NO |
| | Bribery | YES | NO |
| | Perjury | YES | NO |
| | Child Molestation | YES | NO |
| | Sexual Battery | YES | NO |
| | Rape | YES | NO |
| | Assault | YES | NO |
| | Illegally Carrying a Concealed Weapon | YES | NO |
| | Stalking | YES | NO |
| | Acts of Family Violence | YES | NO |
| | Terroristic Threats | YES | NO |

Circle Answer

Terroristic Acts

YES NO

Computer Hacking

YES NO

11 Have you ever forged a check?

YES NO

If yes, Explain:_____

12 Have you ever had, or do you now have, any stolen money, goods, or merchandise in your possession?

YES NO

If yes, Explain:_____

13 Were you ever in court as a defendant?

YES NO

If yes, Explain:_____

14 Have you ever lied under oath in court?

YES NO

If yes, Explain:_____

15 Have you ever lied on any official document?

YES NO

If yes, Explain:_____

16 Have you ever lied under oath other than in court?

YES NO

If yes, Explain:_____

17 What is the most serious undetected crime you were involved in?

YES NO

18 Have you intentionally falsified any answers in this booklet?

YES NO

FOR OFFICIAL USE ONLY**XI. APPLICANTS WHO ARE OR HAVE EVER BEEN POLICE OFFICERS, DETENTION OFFICERS, CORRECTION OFFICERS, OR SECURITY OFFICERS****Circle Answer****ALL OTHERS PLEASE SKIP TO WORK HISTORY**

1 Why did you leave your last department?

YES NO

2 Will your last employer give you a good recommendation?

YES NO

3 In what field(s) do you have experience?

Please list:_____

Circle Answer

- 4 Did you ever receive any reprimands, suspensions, commendations, etc... during your law enforcement career? YES NO
If yes, Explain: _____
- 5 Did you ever receive anything free or discounted because you wear a gun, badge, or uniform? YES NO
- 6 Did you ever solicit anything for overlooking a violation? YES NO
If yes, Explain: _____
- 7 Did you ever receive anything for overlooking a violation? YES NO
- 8 Did you ever make an official report? YES NO
- 9 Did you ever make a false entry on a log? YES NO
- 10 Did you ever warn a person that they were a suspect of a criminal investigation? YES NO
- 11 Did you ever use your official position for your own personal gain? YES NO
- 12 Did you ever mishandle any criminal evidence? YES NO
- 13 Did you ever mishandle any prisoner's property? YES NO
- 14 Did you ever perjure yourself in court? YES NO
- 15 Did you ever cover up a crime committed by a fellow officer? YES NO
- 16 Have you ever retained evidence for your own personal gain? YES NO
- 17 Have you ever used illegal drugs while a law enforcement officer or while in any position of trust? YES NO
- 18 Have you ever received payoffs from criminals? YES NO
If yes, Explain: _____
- 19 Have you stolen any item or money from anyone you arrested? YES NO
If yes, Explain: _____
- 20 Have you ever accepted a bribe? YES NO
If yes, Explain: _____
- 21 Have you ever been the Subject of an Investigation by POST Council or any other state's agency that regulates Peace Officer Certification? YES NO

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XII. WORK HISTORY

PLEASE LIST ALL EMPLOYMENT SINCE HIGH SCHOOL UNTIL PRESENT

PLEASE INCLUDE ALL SELF EMPLOYMENT AND CONTRACT EMPLOYMENT

[illegible]